

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749884

FILED
Mar 26, 2009
Secretary of State

Entity Name: CATALINA AT HIGH POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SANDCASLLE COMMUNITY MGMT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8478
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2004457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZAR, DELORES
SANCASLE COMMUNITY MANAGEMENT, INC
1719 TRADE CENTER WAY #9
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

THOMAS, BRAD
SANCASLE COMMUNITY MANAGEMENT, INC
1719 TRADE CENTER WAY #9
NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRAD THOMAS

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REDDY, THOMAS
Address: 3350 10TH ST., N #1101
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: MCLAUGHLIN, LOIS
Address: 3360 10TH ST., N #1202
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: SPAGENBERG, IVAN
Address: 3360 10TH ST., N #1205
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: SCHISLER, JAMES
Address: 3370 10TH ST N 1305
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: DURKEE, BRUCE
Address: 3350 10TH ST N 1105
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SPANGENBERG, IVAN
Address: 3360 10TH ST. N #1205
City-St-Zip: NAPLES, FL 34103

Title: VPD (X) Change () Addition
Name: SCHISLER, JAMES
Address: 3370 10TH ST. N #1305
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change () Addition
Name: DURKEE, BRUCE
Address: 3350 10TH ST N #1105
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS REDDY

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date